(08/11/13) wef

ASS. REC. BY: Marcus

REF: CC4/ASM 2100237/ 4 p93

ASSIGNMENT

From: Date:

Estimated Cost:

OD / (TP) / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SJH 2995E

at Workshop m/s Ap.

of

Insured: SGD 6248k

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 15k.

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS Vehicle: IN / OUT 403B

Date: Person Contacted:

Veh No: SJH 2995E Yr Regn: 31/7/08

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A)

Make: Mit Lancer c.c 1584

Colour Gry A/C: Insured / Std / NI / NA

Sp.Reading 223643 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JMYSTCS3A84U008048

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: (Inorder) / Jammed / Leaked / Burnt or

Modi : Nil / (S/Rim) / STD A/Rim or

Tyre Size: F: 205/50R/6

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Zeiken

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.	17/2/21		D.O.I.	22/2/21	

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or N/S Rr & N/S Body &

The (U/C) / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction have GIA we until 30-4-2023 3o/ 2yrs. Inc. LTA $846/ N04486539

2/3/21 L/S $6000 confirmed with Alan.

Date/Time, File Pass to? [ ] : Preli. Report

1) [ ] : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: ($)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: [ ] : Site Insp ($) __S + RS, __SI

[ ] : Interview ($) Photos

[ ] : Tech. Invs ($) Others

[ ] : Weekend ($)

Survey Fee:

Transportation:

TOTAL